

~~For Official Use Only~~



1. File Number U - 11376

1 / 1 / 2004 Through: 12 / 31 / 2004

Name **LEE** **M** **LIBERT**

P.O. Box, Bldg., Room No., if any _____

Street 10 PENNY LANE

City MCDONALD

State Pennsylvania ZIP Code + 4 15057

Name GREATER PA REGIONAL COUNCIL OF CARPENTERS

Labor Organization File Number 305-030 035030

P.O. Box, Building and Room Number, if any

Street 495 MANSFIELD AVENUE

City **PITTSBURGH**

State Pennsylvania ZIP Code + 4 15205

5. Position in labor organization. EMPLOYEE-ASS'T DIR. OF TRAINING

6. Name and address of Employer (including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

Slate **ZIP Code + 4**

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Le M. Licht

On

8/12/2005

Date _____

(724) 926-8884

Telephone Number

Name of Person Filing LEE LIBERT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100%;" type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="MOBILE MEDICAL CORPORATION"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="2413 LYTLE ROAD"/></p> <p>City <input style="width: 80%;" type="text" value="BETHEL PARK"/></p> <p>State <input style="width: 20%;" type="text" value="Pennsylvania"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="15102"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>GOLF OUTING</p> </div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text" value="\$160"/></p>